

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

09/980376

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51	/								
2		/					52	/								
3		/					53	/								
4		/					54	/								
5		/					55	/								
6		/					56	/								
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43		/					93	/								
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45		/					95	/								
46		/					96	/								
47		/					97	/								
48		/					98	/								
49		/					99	/								
50		/					100	/								
TOTAL	1						TOTAL									
IND.	94						IND.									
DEP.	95						DEP.									
TOTAL CLAIMS							TOTAL CLAIMS									

Best Available Copy